



Practitioner's Docket No. PITT-1 DIV

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Joel S. Greenberger, Paul A. DiMilla, Michael M. Domach, and Raymond K. Houck

Application No.: 09/292,056

Filed: 04/14/99

For: METHOD AND APPARATUS FOR HOLDING CELLS

**CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))**

I hereby certify that on September 2, 2009 the following correspondence:

Name of Paper: AMENDMENT TRANSMITTAL

Number of Pages: 2

Fees: Extension of Time Amount: \$245.00

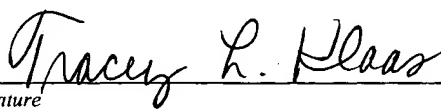
Payment By: Check

Other: AMENDMENT UNDER RULE 116

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia, 22313-1450

with sufficient postage as first class mail.

  
Signature

Telephone Number: 412-621-9222

Tracey L. Klaas  
Type or print name of person certifying



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Application No.: 09/292,056

Group No.: 1797

Filed: 04/14/1999

Examiner: William H. Beisner

For: METHOD AND APPARATUS FOR HOLDING CELLS

**Mail Stop Amendment**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is a small entity. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$245.00

09/08/2009 EFLORES 00000005 09292056

**FEE FOR CLAIMS**

01 FC:2252

245.00 0P

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	58	— 82	= 0	x \$ 26.00	= \$	0.00	
INDEP.	8	— 13	= 0	x \$ 110.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+	\$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

**FEE PAYMENT**

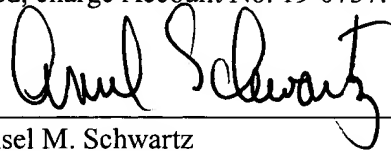
5. Attached is a check in the sum of \$245.00.

A duplicate of this paper is attached.

**FEE DEFICIENCY**

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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Ansel M. Schwartz  
Registration No. 30,587  
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Suite 304  
Pittsburgh, PA 15213  
412-621-9222



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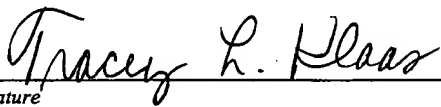
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FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				\$ 0.00	\$ 0.00		
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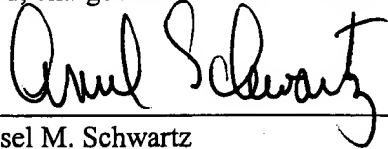
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